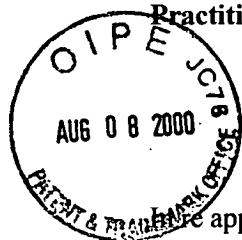


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Patent application of: Peshkin, Michael A.

Application No.: Not Yet Assigned

Filed: Herewith

Examiner: D. Bruce

Group No.: 2876

For: Apparatus and Method for Planning a Stereotactic
Surgical Procedure Using Coordinated Fluoroscopy

EXPRESS MAIL LABEL NO.

EL 594 727 495 US

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TECHNOLOGY CENTER 2800

Assistant Commissioner for Patents
Washington, D.C. 20231TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
WITHIN THREE MONTHS OF FILING OR
BEFORE MAILING OF FIRST OFFICE ACTION (37 C.F.R. section 1.97(b))IDENTIFICATION OF TIME OF FILING THE ACCOMPANYING
INFORMATION DISCLOSURE STATEMENT

The information disclosure statement submitted herewith is being filed within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office action on the merits, whichever event occurs last. 37 C.F.R. section 1.97(b).

Copies of the cited references, except for Patent No. 6,069,932, were previously submitted by applicant, or cited by the examiner in connection with related applications nos. 09/483,107, 09/020,767 and 08/649,798. Therefore, only a copy of Patent No. 6,069,932 is being submitted.

Date: August 8, 2000Reg. No.: 32,506
Tel. No.: 214-855-7500
Customer No.: 23,559

Signature of Practitioner

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))		-20* =		x \$ 18.00 =	\$
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))		-3** =		x \$ 78.00 =	
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				+ \$	=
				BASIC FEE (37 C.F.R. § 1.16)	690.00
				Total of above Calculations =	
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					
				TOTAL =	

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 13-4900:

- a. ☒ Fees required under 37 C.F.R. § 1.16.
b. ☒ Fees required under 37 C.F.R. § 1.17.
c. ☐ Fees required under 37 C.F.R. § 1.18.

8. ☒ A check in the amount of \$ 690.00 is enclosed.9. ☐ New Attorney Docket Number, if desired

(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)

10 a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)

- b.
- ☒
- Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

11. ☐ Other:**NOTE:**

The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

12. NEW CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

23,559

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State

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Country

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Fax

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)

Marc A Hubbard

Signature

Registration No. (Attorney/Agent)

22,506

Date

August 8, 2000